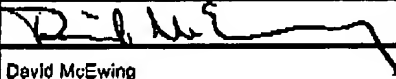



PTO/SB/21 (09-04)  
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<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/770,735
	Filing Date	02/03/2004
	First Named Inventor	Richard Blackmore
	Art Unit	1733
	Examiner Name	Justin Fisher
Total Number of Pages in This Submission	Attorney Docket Number	P-042

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ENCLOSURES (Check all that apply)		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Law Office of David McEwing PC		
Signature			
Printed name	David McEwing		
Date	April 23, 2006	Reg. No.	37,026

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Typed or printed name	David McEwing	Date	April 23, 2006

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PTO/SB/17 (01-08)

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Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2006**☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 60.00

**Complete if Known**

Application Number	10/770,735
Filing Date	02/03/2004
First Named Inventor	Richard Blackmore
Examiner Name	Justin Fisher
Art Unit	1733
Attorney Docket No.	P-042

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- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

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**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____ (round up to a whole number) x _____			

**4. OTHER FEE(S)**

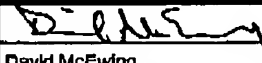
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): One month extension of time

Fees Paid (\$)

60.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 37,026	Telephone 713-514-0137
Name (Print/Type)	David McEwing	Date	April 23 2006

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